

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
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13						
14						
15						
16	1					
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19		1				
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44		1				
45	1					
46		1				
47		1				
48		1				
49		1				
50						
TOTAL IND.	5					
TOTAL DEP.	29					
TOTAL CLAIMS	34					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
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TOTAL DEP.						
TOTAL CLAIMS						